Susceptibility testing and resistance phenotype detection in *Staphylococcus aureus* strains isolated from patients with atopic dermatitis, with apparent and recurrent skin colonization

Staphylococcus aureus resistance to antibiotics is on the increase. As exacerbating atopic dermatitis by *S. aureus* is well recognized Kędzierska *et al*. have studied resistance patterns to a variety of antibiotics. Patients had a significantly higher prevalence of chloramphenicol-resistant *S. aureus* than healthy nasal carriers ($P < 0.01$). Similar rates of resistance were expressed to tetracycline, erythromycin, mupirocin, clindamycin and penicillin. Nearly 35% of *S. aureus* strains from lesional skin demonstrated a different antimicrobial sensitivity pattern compared with strains colonizing nonlesional skin of the same patient. The trend of increasing resistance to chloramphenicol, erythromycin and fusidic acid was observed among *S. aureus* recovered from patients after approximately 75 days of treatment. *Br J Dermatol* 2008; 159:1290–9.

The Ludwig pattern of androgenetic alopecia is due to a hierarchy of androgen sensitivity within follicular units that leads to selective miniaturization and a reduction in the number of terminal hairs per follicular unit

Yazdabadi *et al*. hypothesized that there is an additional layer to the patterning in androgenetic alopecia (AA), with a hierarchy of susceptibility within follicular units (FUs) to AA, and that the diffuse hair loss seen in women with AA is due to a reduction in the number of terminal hairs per FU rather than uniform miniaturization of entire FUs. They compared the mean numbers of FUs and terminal hairs per FU in 4-mm scalp punch biopsies in 24 women with AA with those in 21 controls. There was no significant difference in the number of FUs; however, women with AA had 2.40 terminal hairs per FU compared with 3.38 in the control group ($P = 0.0001$) associated with a mean increase of 0.6 vellus hairs per FU. Complete miniaturization of all hairs within the FU was not seen. Diffuse hair loss in women with AA is due to a reduction in the number of terminal hairs per FU and an increase in the number of vellus hairs. This supports the hypothesis of a hierarchy of susceptibility within FUs to AA. *Br J Dermatol* 2008; 159:1300–2.

Superficial acral fibromyxoma: a clinicopathological study of new 41 cases from the U.K.: should myxoma (NOS) and fibroma (NOS) continue as part of 21st century reporting?

Prescott *et al*. studied 41 cases of superficial acral fibromyxoma (SAF) and document the U.K. experience with this new entity. The patients comprised 27 men and 14 women, age range 19–91 years (mean 50, median 47) presenting with a solitary mass or nodule with a mean size of 1.92 cm. The common clinical sites were the toes ($n = 29$) and fingers ($n = 11$) as well as the palm ($n = 1$), with more than 75% of cases close to or involving the nail bed. Histologically, all cases presented as proliferation of spindle-shaped and /or stellate cells with a storiform and fascicular pattern embedded in a fibromyxoid /collagenous stroma with conspicuous mast cells. Multinucleated cells were observed ($n = 22$), increased number of blood vessels in the stroma and extravasation of red blood cells ($n = 4$). The characteristic immunophenotype was CD34+, CD99+/–, epithelial membrane antigen+ focally/–, S100–, desmin–, smooth muscle actin–, HMB45– and cytokeratin–. SAF is a distinct entity with typical clinical, histological and immunohistochemical features. Complete excision and follow-up review are recommended. *Br J Dermatol* 2008; 159:1315–21.

Psoriasis and the risk of incident diabetes mellitus: a population-based study

Using the U.K.-based General Practice Research Database Brauchli *et al*. assessed and compared incidence rates of new-onset diabetes mellitus (DM) between patients with psoriasis and nonpsoriatic controls, and explored the role of psoriasis severity and body mass index (BMI). Within the study population of 65 448 patients they identified 1061 incident cases of DM. Of these, 59% had a history of psoriasis, yielding a crude incidence rate ratio of 1.36 (95% CI 1.20–1.53). The adjusted odds ratio (OR) for patients with ≥ 2 years disease duration and > 2 prescriptions per year for oral psoriasis treatment was 2.56 (95% CI 1.11–5.92). In an analysis restricted to patients with normal BMI, the adjusted OR was 2.02 (95% CI 1.31–3.10). In this large observational study the risk of incident DM was increased for patients with psoriasis as compared with a psoriasis-free comparison group. The risk increased with psoriasis duration and severity and was not driven by high BMI alone. *Br J Dermatol* 2008; 159:1331–7.

Polymorphic light eruption and skin cancer prevalence: is one protective against the other?

As there is increased immune surveillance and resistance to immune suppression following ultraviolet radiation (UVR) exposure in polymorphic light eruption (PLE) one might expect a protective effect of PLE against skin cancer and conversely a reduced risk of PLE among patients with skin cancer. Lembo *et al*. constructed a prospective case–control study to see if this were the case. Two groups were studied: a group comprising 214 patients with skin cancer and 210 gender- and aged-matched controls, and a group comprising 100 patients with PLE and 155 gender- and aged-matched controls. Each participant answered a questionnaire aimed at establishing personal and family history of skin cancer and photodermatoses. Skin type and exposure to UVR were also documented. The prevalence of PLE in people with skin cancer was 7.5%, compared with 21.4% for controls ($P < 0.001$). The prevalence of skin cancer in patients with PLE was 4% compared with 7.1% for controls. There is strong evidence of reduced prevalence of PLE in patients with skin cancer and a trend for reduced incidence of skin cancer in patients with PLE. *Br J Dermatol* 2008; 159:1342–7.